

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Van De Mark, Esq.
1 Hillsides Parkway
Lancaster, NY 14086-1059

07cv97 Alias S + And Cmp
2. Article Number
(Transfer from service label)

7007 3020 0002 0846 1921

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

APR 20 2008

D. Is delivery address different from Item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes